



Notice of Entry of Appearance
as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► N / A

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) Schehr, Esq.

2.b. Given Name (First Name) Michael

2.c. Middle Name Christopher

Address of Attorney or Accredited Representative

3.a. Street Number and Name 5801 Executive Center Dr

3.b. ☐ Apt. ☐ Ste. ☐ Flr. 114

3.c. City or Town Charlotte

3.d. State NC 3.e. ZIP Code 28212

3.f. Province N/A

3.g. Postal Code N/A

3.h. Country United States

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number 704-405-9060

5. Mobile Telephone Number (if any) N/A

6. Email Address (if any) chris@foglelaw.com

7. Fax Number (if any) 980-500-8232

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

Supreme Court of the State of North Carolina

1.b. Bar Number (if applicable)

NC 54504

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

N/A

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

N/A

2.c. Date of Accreditation (mm/dd/yyyy)

N/A

3. ☐ I am associated with

N/A

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

All Immigration Matters

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N / A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name) Vigil-Romero

6.b. Given Name (First Name) Oscar

6.c. Middle Name Ernesto

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N / A

9. Client's Alien Registration Number (A-Number) (if any)

► A- 0 9 4 3 6 7 7 9 0

Client's Contact Information

10. Daytime Telephone Number

828-423-2097

11. Mobile Telephone Number (if any)

N/A

12. Email Address (if any)

eromero0417@gmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name 122 Liberty St

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town Asheville

13.d. State NC 13.e. ZIP Code 28803

13.f. Province N/A

13.g. Postal Code N/A

13.h. Country
United States

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Notice of Entry of Appearance
as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► N / A

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) Schehr, Esq.

2.b. Given Name (First Name) Michael

2.c. Middle Name Christopher

Address of Attorney or Accredited Representative

3.a. Street Number and Name 5801 Executive Center Dr

3.b. ☐ Apt. ☐ Ste. ☐ Flr. 114

3.c. City or Town Charlotte

3.d. State NC 3.e. ZIP Code 28212

3.f. Province N/A

3.g. Postal Code N/A

3.h. Country United States

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number 704-405-9060

5. Mobile Telephone Number (if any) N/A

6. Email Address (if any) chris@foglelaw.com

7. Fax Number (if any) 980-500-8232

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

Licensing Authority

Supreme Court of the State of North Carolina

1.b. Bar Number (if applicable)

NC 54504

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

N/A

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

N/A

2.c. Date of Accreditation (mm/dd/yyyy)

N/A

3. ☐ I am associated with

N/A

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)

► N / A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☒ Applicant ☐ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name) Vigil-Romero

6.b. Given Name (First Name) Oscar

6.c. Middle Name Ernesto

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

► N / A

9. Client's Alien Registration Number (A-Number) (if any)

► A- 0 9 4 3 6 7 7 9 0

Client's Contact Information

10. Daytime Telephone Number

828-423-2097

11. Mobile Telephone Number (if any)

N/A

12. Email Address (if any)

eromero0417@gmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name 122 Liberty St

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town Asheville

13.d. State NC 13.e. ZIP Code 28803

13.f. Province N/A

13.g. Postal Code N/A

13.h. Country

United States

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1**, of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

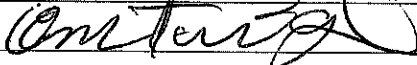
- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity


→ 

2.b. Date of Signature (mm/dd/yyyy) 6/30/20

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative



1.b. Date of Signature (mm/dd/yyyy) 6/30/20

2.a. Signature of Law Student or Law Graduate

N/A

2.b. Date of Signature (mm/dd/yyyy) N/A



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) Vigil-Romero
1.b. Given Name (First Name) Oscar
1.c. Middle Name Ernesto

2.a. Page Number N/A 2.b. Part Number N/A 2.c. Item Number N/A

2.d. N/A

3.a. Page Number N/A 3.b. Part Number N/A 3.c. Item Number N/A

3.d. N/A

4.a. Page Number N/A 4.b. Part Number N/A 4.c. Item Number N/A

4.d. N/A

5.a. Page Number N/A 5.b. Part Number N/A 5.c. Item Number N/A

5.d. N/A

6.a. Page Number N/A 6.b. Part Number N/A 6.c. Item Number N/A

6.d. N/A





Privacy Act Statement. In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of U.S. Department of Justice systems of records are not wrongfully disclosed by the Department. Requests will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestion for reducing this burden may be submitted to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503.

Full Name of Requester ¹ Oscar Ernesto Vigil-Romero

Citizenship Status ² TPS Social Security Number ³ 237-97-9342

Current Address 122 Liberty St, Asheville, NC 28803

Date of Birth 05/02/1978 Place of Birth El Salvador

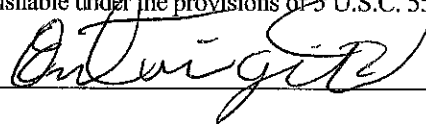
OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to release any and all information relating to me to:

Fogle Law Firm
Print or Type Name

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature ⁴  Date 6/29/2020

¹ Name of individual who is the subject of the record(s) sought.

² Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. Section 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

³ Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, the Department may be unable to locate any or all records pertaining to you.

⁴ Signature of individual who is the subject of the record sought.